

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL**

**AUDIT OF CELLULAR
TELEPHONE USAGE
AT THE
DEPARTMENT OF MENTAL HEALTH**



**CHARLES C. MADDOX, ESQ.
INSPECTOR GENERAL**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



July 11, 2002

Martha B. Knisley
Director
Department of Mental Health
77 P Street, N.E., 4th Floor
Washington, D.C. 20002

Dear Ms. Knisley:

Enclosed is our final report summarizing the results of the Office of the Inspector General's (OIG) Audit Report on Cellular Telephone Usage at the Department of Mental Health (DMH), OIG No. 01-1-06RM(b). The Office of the Mayor and the newly appointed Director of the Department of Mental Health requested the audit.

As a result of our audit, we directed five recommendations to DMH for necessary actions to improve controls over cellular telephone usage. We want to acknowledge that DMH has reacted positively to our identification of issues and has taken actions to address our recommendations.

The DMH comments to our draft report are incorporated where appropriate. The full text of the DMH response is included as Exhibit A.

We appreciate the cooperation and courtesies extended to our staff during the audit. If you have questions, please call me or William J. DiVello, Assistant Inspector General for Audits, at (202) 727-2540.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles C. Maddox". The signature is fluid and cursive, written over a light gray rectangular background.

Charles C. Maddox, Esq
Inspector General

CCM/ws

Enclosure

cc: See attached Distribution List

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EXECUTIVE DIGEST

OVERVIEW

The District of Columbia Office of the Inspector General (OIG) has completed an audit of the Department of Mental Health's (Department) management and control over cellular telephones. The audit was requested by the Office of the Mayor and the newly appointed Director of the Department of Mental Health. This report is the second in a series of reports that address various functions associated with the delivery of mental health services by the Department.

The audit was performed to determine the adequacy of the Department's policies and procedures for managing cellular telephones, the effectiveness of the Department's internal controls for reviewing and evaluating employees' usage of cellular telephones, and the Department's procedures for implementing prior audit recommendations.

CONCLUSIONS

The Department's telecommunications policy restricting possession and use of cellular telephones to emergency personnel is ineffective. Our audit showed that:

- Cellular telephones had been provided to approximately 409 of an estimated 2,000 employees, or about 20 percent of its workforce, far in excess of the number of employees that represent emergency personnel.
- Usage of cellular telephones had not been effectively managed or efficiently controlled. Monthly billings had not been routinely reviewed or evaluated, and cellular telephone usage had not been verified or accounted for.
- The Department maintained cellular contracts with two different service providers.
- The Department spent about \$380,000 on cellular phone bills in fiscal year 2001, approximately \$300,000 of which could have been put to better use, by reducing the number of authorized cellular telephones and making them available only to essential personnel.

EXECUTIVE DIGEST

CORRECTIVE ACTIONS

We addressed recommendations to the DMH that represent actions considered necessary to address the concerns described above. The recommendations, in part, centered on:

- revising telecommunications policies and procedures to define and identify specific needs for cellular telephone users, and to require authorization from the employee's supervisor;
- requiring justification, which indicates the emergency need, for cellular telephone users;
- conducting a current inventory to account for all cellular telephones;
- re-evaluating the need for two separate contracts for telephone services, and considering obtaining services under the District's General Services Administration (GSA) contract; and
- initiating collection action for personal calls that were made by cellular telephone users or taking other actions as appropriate.

On June 17, 2002, DMH provided a formal response to the recommendations in the draft report. Generally DMH officials concurred with the report, its conclusions, and its recommendations. DMH's response included actions taken, planned, and target dates for completion of planned actions to correct noted deficiencies. We consider DMH's comments and actions taken to be responsive to the audit recommendations. The complete text of DMH's response is included as Exhibit A.

INTRODUCTION

BACKGROUND

The overall mission of the Department of Mental Health is to develop, support, and monitor an effective and integrated community-based system of services for persons with identifiable mental health needs. The Department's fiscal year 2002 budget was \$227 million and for fiscal year 2003, the budget is estimated at \$229 million. The Department achieves its mission by providing workforce development programs and services through five control centers.

- Mental Health Administration - Provides executive management policy direction, strategic and financial planning, public relations, and resource management over the operation of the Department in meeting the mandates of the court and improving delivery of mental health services.
- Community Programs - Administers a comprehensive system of care that promotes recovery and maximum independence in safe, supportive community settings. The system is comprised of a full range of community-based clinical and support services initiated through the development of new initiatives.
- St. Elizabeths Hospital - Provides a wide range of services to the acute care program. Services include clinical assessment, diagnosis, psychiatric stabilization, and referrals to appropriate aftercare services.
- Forensic Services - Provides training for forensic staff and advance research initiatives to constantly improve evaluation and treatment methodologies. It also collaborates with the District government, the courts, and criminal justice agencies on pre- and post-booking jail diversion alternatives.
- Child and Youth Services - Provides inpatient and outpatient treatment services for at-risk children and children with emotional disorders. The division coordinates treatment by building on the strength of child/family relationships. It also responds to individual cultural differences and incorporates special needs of each family into treatment plans. In addition, the division provides other services, including school-based treatment and psychotherapy day education.

OBJECTIVES, SCOPE, AND METHODOLOGY

The overall objectives of the audit were to determine whether the Department: (1) managed and used resources in an efficient, effective, and economical manner; (2) administered funds in compliance with applicable laws, regulation, policies and procedures; and (3) implemented internal controls to prevent or detect material errors and irregularities. Our specific objective in this audit was to determine the adequacy of the Department's policies and procedures for managing cellular telephones. We also

INTRODUCTION

assessed the effectiveness of the Department's internal controls for reviewing and evaluating employee usage of cellular telephones, and the Department's procedures for implementing prior audit recommendations.

To accomplish our objectives, we interviewed the Department's management and administrative staff to gain a general understanding and an overview of the policies and procedures for managing cellular telephones. The audit covered the period January 1, 2000, to September 30, 2001, was conducted in accordance with generally accepted government auditing standards, and included such tests as we considered necessary under the circumstances. We examined cellular phone billings and reviewed cellular phone justifications and inventory control documents. We also performed a "Best Practices" analysis that compared the number of cellular telephones assigned to employees at two District area hospitals.

FINDING AND RECOMMENDATIONS

FINDING: MANAGEMENT AND CONTROL OVER CELLULAR TELEPHONES

SYNOPSIS

The Department's telecommunications policy restricting possession and use of cellular telephones to emergency personnel was ineffective. The Department's records show that 409 cellular telephones had been provided to about 2,000 employees, approximately 20 percent of the Department's workforce, far in excess of the number of employees that represent emergency personnel. The usage of cellular telephones by employees had not been properly justified, effectively managed, or efficiently controlled. Monthly billings had not been routinely reviewed or evaluated, and cellular telephone usage had not been verified or accounted for. Furthermore, the Department maintained costly cellular telephone contracts with two different service providers. Although the Department established a written telecommunications policy, it had not been effectively implemented or properly managed.

As a result, the Department spent about \$300,000 in fiscal year 2001 which could have been put to better use by reducing the number of authorized cellular telephones and making them available only to essential personnel. The Department could further reduce costs by renegotiating cellular telephone services under available GSA contracts.

DISCUSSION

Telecommunications Policy. The Department's policy on Portable Communication Equipment is contained in the Commission on Mental Health Services (CMHS) policy 50000.811.3A, dated December 26, 2000. The criteria for issuing portable communications equipment provides the following:

Cellular Phones.

- Cellular telephones will be restricted to officials who routinely travel on District government business and/or who must be immediately accessible at all times; and/or,
- There must be a need to make government business related calls from locations where telephone services availability or safety issues are of concern. Night travel and travel outside the local area should be specified in the justification if applicable; and

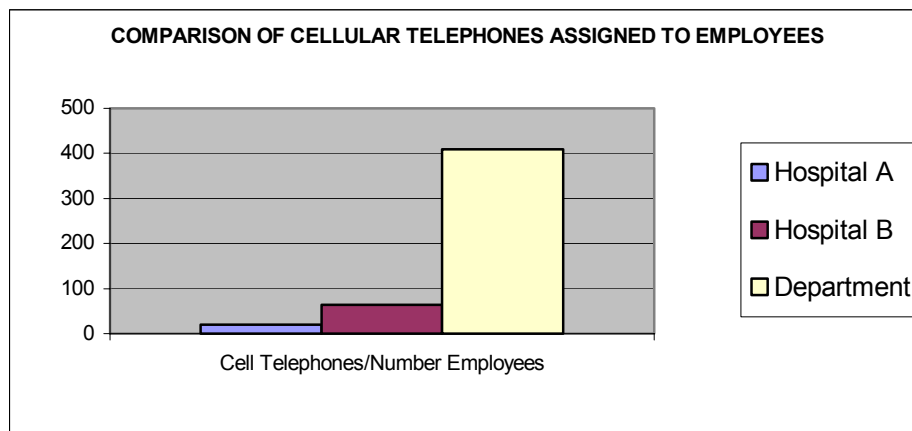
FINDING AND RECOMMENDATIONS

- Because both incoming and outgoing cellular phone calls generate time charges, cellular phones will be used only for government business. The Director, Office of Administration, at the request of the Finance Office, will review CMHS cellular telephone charges for improper activity. Personal use is prohibited. Violations will result in the removal of service/authorization for use, or other necessary action.

The Department Has An Excessive Number Of Cellular Telephones. The Department issued cellular telephones to 409 employees, about 20 percent of the Department's workforce, or approximately one for every five employees, far in excess of reasonable needs. In determining what would be considered a reasonable number of cellular telephones to assign to employees, we performed a "Best Practices" analysis that compared the number of cellular telephones assigned to Department employees to the number of cellular phones assigned to employees at two District area hospitals. The two District area hospitals had a comparable number of employees.

The analysis showed that the Department issued significantly more cellular telephones to its employees than both of the comparable hospitals issued to their employees. One of the hospitals, which had 3,000 employees, issued 20 cellular telephones, or about one cellular telephone for every 150 employees. The other hospital, which had 2,500 employees, issued 64 cellular telephones, or about one cellular telephone for every 40 employees.

Comparably, the Department, which has about 2,000 employees, issued 409 cellular telephones, or about one cellular telephone for every five employees. This comparison is graphically illustrated in the following chart.



Based on information obtained from local area hospitals and our evaluation of the Department's policy on cellular telephones, we believe that the Department should be providing cellular telephones to no more than 60 employees (or 3 percent of its workforce). The Department spent about \$380,000 in fiscal year 2001 on cellular telephones. In our

FINDING AND RECOMMENDATIONS

opinion, annual costs could have been reduced by approximately \$300,000, and the savings put to better use, by reducing the number of authorized cellular telephones and making them available only to essential personnel.

The Director of DMH requested that we obtain data from similarly situated mental health service providers in addition to the benchmarking that we performed at neighboring hospitals in order to make a closer comparison of telephone usage. To accommodate this request, we contacted a mental health facility in Columbus Ohio, at the suggestion of the DMH Director. The results of our inquiry disclosed that about 1 percent of the employees at the mental health facility in Ohio were provided government telephones. As these results are not audited, the DMH Director stated that they would conduct additional benchmarking to determine best practices in order to make necessary changes at DMH and tighten controls over cellular phone usage.

Justification for Cellular Telephones. The Department's records did not contain the required justifications for the 409 employees who were issued cellular telephones. The telecommunications policy states that the Department's Facilities Management Division will approve the issuance of cellular telephones based on information that established a bona fide need for a cellular telephone. However, based upon our review of records, few justifications were available.

Cellular Telephone Inventories. The Department did not perform quarterly inventories of cellular telephones as required by paragraph 9 of Policy 50000.811.3A. To affect this policy, the Engineering and Maintenance Office is required to send a quarterly list of all portable communication equipment to each respective division/program property custodial officer to verify the accuracy of the list of employees to whom portable equipment is assigned. Our audit found that the Department had not conducted quarterly reviews in over a year.

Contracting for Cellular Telephones. The Department contracted with two different vendors to provide portable communications services (one vendor had two different contracts). Total annual costs incurred for the 409 cellular telephones are shown in the following table.

FINDING AND RECOMMENDATIONS

Vendor	Total	Annual Costs
A	248	\$ 204,422
B1	98	\$ 110,340
B2	63	\$ 65,319
Total	409	\$ 380,081

Vendor A. Under the terms of this contract, the Department paid monthly access fees of \$5.95, voice mail charges of \$5.95, and per minute charges of \$.35 for peak and \$.12 for off-peak. The peak and off-peak charges applied to both local and long-distance charges.

The vendor billed the Department for an average of 248 cell telephones under this contract. Further review of the cellular telephone usage indicated that an average of 132 telephones, about half (53 percent), had no airtime for any of the 5-month period, thus indicating that the telephones had never been used. However, the Department continued to pay access and activation fees for the telephones.

Vendor B. The Department had two contracts with this contractor for a total of 161 cellular telephones. Under the terms of the contracts, the Department paid a basic fee of \$69 per month for an unlimited number of local calls and a rate of \$.15 per minute for long-distance calls.

We reviewed the telephone usage for all telephones provided by this vendor. Of the 161 cellular telephones billed for the month of April 2001, we noted that 66, or 41 percent, of the telephones incurred no airtime, thus indicating that they were not used. However, the Department continued to pay the \$69 per phone monthly access fee, or total monthly charges of \$2,869 for the telephones.

GSA Contracts. Under GSA contracts, the vendors agree to charge prices that do not exceed the prices charged to their best customer. Our audit noted that the Office of Contracting and Procurement (OCP) established a centralized contract between District agencies and cellular telephone providers for cellular telephone services. Agencies in need of cellular telephone services simply cite the blanket purchase agreement established by OCP for cellular telephones. However, the Department contracts separately with two cellular telephone vendors and has not taken advantage of the discounts offered under OCP's GSA contract.

FINDING AND RECOMMENDATIONS

Cellular Telephone Use. As part of our audit, we reviewed cellular phone costs for the 5-month period ending January 31, 2001. Our review found that some cellular telephones were used for personal calls and others were under-utilized. Our review of the cellular phone use is detailed below.

Telephone charges for the Vendor A contract indicated one individual made over 2,000 cellular telephone calls for one month with charges exceeding \$8,000 and included numerous long-distance calls placed to out-of-state locations. That same individual incurred total cellular telephone charges of \$29,928 in a 1-year period. Monthly cellular telephone charges for another individual ranged from over \$900 to over \$2,200 and monthly cellular telephone charges for 26 individuals ranged from \$308 to \$724. The magnitude of the number of calls and the corresponding charges suggests the calls were not for official government business.

Analysis of the cellular telephone usage under the Vendor B contract indicated that repeated calls were made to local non-Departmental numbers and appeared to be personal calls to home residences. Additional costs were not incurred on these calls because of the unlimited number of calls included in the basic plan; however, the significant number of repeated calls indicated they were for other than official government business. As with Vendor A, we also noted a repeated number of long-distance calls to the same number for long durations of time. Many calls exceeded 30 minutes and ranged to in excess of 2 hours.

Tracking Audit Recommendations. During our review, auditors became aware that personnel at St. Elizabeths had recently performed a review of Vendor A's cellular telephone charges and noted abuses in the use of long-distance telephone services. The report, dated August 9, 2001, also identified another review that had been conducted on cellular telephone abuse in September 2000. The August 9, 2001, report noted that the recommendations contained in the September 2000 report had not been implemented. Those same findings were repeated in the August 9, 2001, report because the Department had not established a formal tracking system that ensured audit recommendations are implemented (the Department's system for tracking audit recommendations will be addressed in OIG Audit Project No. 01-1-06RM(a)). Effective implementation of the recommendations in the September 2000 audit report could have improved cellular telephone use and reduced telecommunication costs.

In reviewing both of these reports, we noted that neither review covered the issue of justifications for cellular telephones. The scope of both reports was limited only to the cellular telephones under Vendor A's contract and gave no indication of the magnitude of annual cellular telephone costs of over \$400,000, or, that about 1 in every 5 employees was issued a government cellular telephone. Neither of the two vendors' telephones was reviewed for under-utilization. Our review indicated about half of the telephones, while not being abused, had no airtime, thus we concluded—based on the lack of airtime—the phones were not being used and should be taken out of service to reduce unnecessary costs.

FINDING AND RECOMMENDATIONS

Our review also noted that a recommendation in the September 2000 report to revise the equipment issuance form to require signatures of both the respective supervisor/manager and employee had not been implemented. Also, a recommendation to have users re-certify and re-justify the need for telephones had not been implemented. Our current review of user justifications indicated most were two to three years old and quarterly reviews of all portable communications equipment as required by the Telecommunications Policy 50000.811.3A had not been performed.

RECOMMENDATION 1

We recommend that the Director, Department of Mental Health (DMH) reduce the number of cellular telephones to no more than 60 units based on justifiable need. At a minimum, establish firm policy guidance that defines and identifies specific needs for cellular telephone users and requires both supervisors and employees to sign for a cellular telephone.

DMH RESPONSE

DMH officials stated in their response that actions were being taken to significantly reduce the number and annual costs of cellular telephones. Although they did not agree the number of cellular telephones could be reduced to 60, they provided a schedule to indicate they were implementing procedures to reduce the number of cellular telephones by more than 60 percent and indicated annual cellular telephone costs would be about \$108,000.

OIG COMMENTS

The actions planned and taken by DMH meet the intent of our recommendation and should correct the conditions noted.

RECOMMENDATION 2

We recommend that the Director, DMH require all cellular telephone users to re-justify their emergency need for cellular telephones.

DMH RESPONSE

DMH officials stated in their response that they have implemented a policy consistent with this recommendation supplied a remediation plan indicating each user was required to re-justify the need for their cellular telephone.

FINDING AND RECOMMENDATIONS

OIG COMMENTS

The actions planned and taken by DMH meet the intent of our recommendation and should correct the conditions noted

RECOMMENDATION 3

We recommend that the Director, DMH conduct an immediate inventory of all cellular telephones and conduct quarterly inventories as required by regulation.

DMH RESPONSE

DMH officials stated in their response that they have completed an inventory and are now conducting quarterly reviews.

OIG COMMENTS

The actions planned and taken by DMH meet the intent of our recommendation and should correct the conditions noted.

RECOMMENDATION 4

We recommend that the Director, DMH perform a comparative analysis of current contracted cellular telephone rates and contract for the most economical service, taking into consideration similar services available under GSA contracts.

DMH RESPONSE

DMH officials stated in their response that they are currently operating under the standards promulgated by the Office of the Chief Technology Officer (OCTO) regarding contracted vendors for these services. Ongoing review and analysis will be performed to ensure that service programs are commensurate with usage, and that vendor rates are in line with those indicated by the guidelines.

OIG COMMENTS

The actions planned and taken by DMH meet the intent of our recommendation and should correct the conditions noted.

FINDING AND RECOMMENDATIONS

RECOMMENDATION 5

We recommend that the Director, DMH review all cellular telephone billings for the last 2 years to assess use by employees and take action to collect the costs of personal/non-business calls from employees or take other actions, as appropriate.

DMH RESPONSE

DMH officials stated in their response that the process has begun. They indicated reviews have resulted in the collection of over \$1,000 from employees for calls indicated as being outside the scope of business, three employees have had their privileges taken away due to inappropriate use, and the hospital has reduced the number of required cellular telephones by 85 percent.

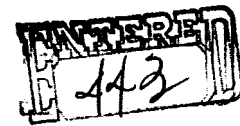
OIG COMMENTS

The actions planned and taken by DMH meet the intent of our recommendation and should correct the conditions noted.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



Office of the Director



June 17, 2002

Charles G. Maddox, Esq.
Inspector General
Office of the Inspector General
717 14th Street, NW, Suite 500
Washington, DC 20005

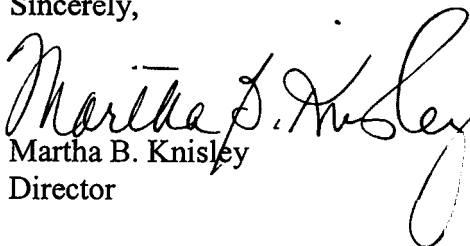
Dear Mr. Maddox

Enclosed is our final response to the recommendations of the Office of the Inspector General's (OIG) Audit of the Department of Mental Health's (DMH) Cellular Telephone Usage (OIG No. 01-1-06RM(b)).

As outlined in the report, we have made considerable progress in reducing both the number of phones in service and the development of policies in the management of cellular telephones in the Department of Mental Health.

We appreciate the opportunity given to us to comment on the draft report. If you have any questions, please don't hesitate to contact ~~Cheryl Edwards~~ at 202-673-2200.

Sincerely,


Martha B. Knisley
Director

Enclosure



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH
Office of the Director

Background

In August 2001, Martha Knisley, Director of the new Department of Mental Health (DMH) identified use of cellular phones as an area that required internal review and audit. She also included this audit as part of an overall review of the internal operations of the Department as it emerged from a five year Receivership. It was Director Knisley's view at that time that internal controls and management practices had not received adequate attention during the period of Receivership. In requesting this audit by the independent Inspector General, she could utilize this resource while focusing on a broad range of reforms needed within the new DMH. However, DMH staff also began a review of cellular phone practices thus many reforms were underway during the period of the audit. Therefore, DMH was able to not only institute reforms but to respond quickly to information supplied to the Inspector General.

Draft Report Response – Cellular Telephone Usage at the Department of Mental Health

The Office of the Inspector General audit of the Department of Mental Health cellular telephone usage covered January 2000 to September 2001. Since that time the situation has changed considerably. The following are the DMH responses to the conclusions and recommendations outlined in the draft report. As can be ascertained a number of these actions were underway prior to the draft report being provided to the DMH. These conclusions and recommendations are outlined in bold.

Response to Conclusions

“Cellular telephones had been provided to approximately 409 of an estimated 2,000 employees, or about 20 percent of its workforce, far in excess of the number of employees that represent emergency personnel.”

As of June 14, 2002, the number of active cellular telephones is 127. This equates to approximately 6.5% of staff having devices specifically assigned. Nearly 60% of these devices are assigned to the staff at the Public Community Services Agency where a variety of outreach activities are performed throughout the city. Due to the nature of their work, it is important that these people have a readily accessible means of communication.

It should also be noted that the St. Elizabeths grounds at the time of the audit comprised 330 acres and 144 buildings. Given that level of geographic dispersion, it was deemed important that key staff had ready access to communications. The majority of that staff are on the direct Connect network in order to utilize that feature of the cellular phones.

The target number of cellular telephones for DMH is 130. This will be allocated as follows; 80 for the Community Services Agency, 20 for the hospital, and 30 for DMH Administration. This has been achieved.

Entity	May 15, 2002	June 14, 2002	June 30, 2002 Target	Reduction Number – May 15 – June 30, 2002	Reduction Percent – May 15 – June 30, 2002
Public Community Service Agency	137	77	80	67	42%
St. Elizabeths	135	20	20	115	85%
Administration	57	30	30	27	47%
Spare/ Unassigned	20				
Total	349				67%

“Usage of cellular telephones had not been effectively managed or efficiently controlled. Monthly billings had not been routinely reviewed or evaluated, and cellular telephone usage had not been verified or accounted for.”

The Department of Mental Health acknowledges that management of these devices and regular invoice review had not been done prior to the time the audit was requested which was largely the reason the audit was requested. However, DMH commenced with the reforms of the use of cellular devices at that time. Audit findings largely supported the direction that DMH was taking.

It should be noted that a transition of responsibility for invoice payment was underway from the Office of the Chief Technology Officer (OCTO) to the former Commission on Mental Health Services (CMHS) in late 1999 through early 2000, in addition, CMHS had only one employee charged with managing and administrating these devices. The Transitional Receiver of the former Commission on Mental Health Services recommended and the new Director the Department, who assumed her post in mid, 2001, increased resources in telecommunications, as well as placing a strong emphasis on management and fiscal oversight of telephone expenses along with placing controls on other operations.

“The Department maintained cellular contracts with two different service providers.”

The department continues to maintain two service providers at this time. Both of these providers comport with the vendors established in accordance with OCTO guidelines to provide cellular service to District Agencies. As the Department reduces the number of devices, it will evaluate the plans available and determine the feasibility of consolidating to one service provider. A key issue to be considered is coverage throughout the city. In the past, neither vendor was able to provide adequate reception throughout the entire area. This situation still exists therefore having all services pooled under one vendor would limit the effectiveness of the devices

“The Department spent about \$380,000 on cellular phone bills in fiscal year 2001, approximately \$300,000 of which could have been put to better use, by reducing the number of authorized cellular telephones and making them available only to essential personnel.”

DMH has increased its effort to better manage these devices. The Department has developed a detailed Corrective Action Plan and revised the policies that govern the use and issuance of these long distance access and portable phones. In addition, specific staff from the Telecommunications area have been assigned to perform analysis and provide reports to Management regarding the status of inventory and expenses on a monthly basis.

The Department can only assume that the estimate of \$80,000 is based on the recommendation of 60 phones in total. If that were the case, it would indicate an average monthly cost of \$111. On a basis of 130 devices, DMH will have total annual costs of approximately \$108,000 or about \$ 69 per month.

Response to Recommendations

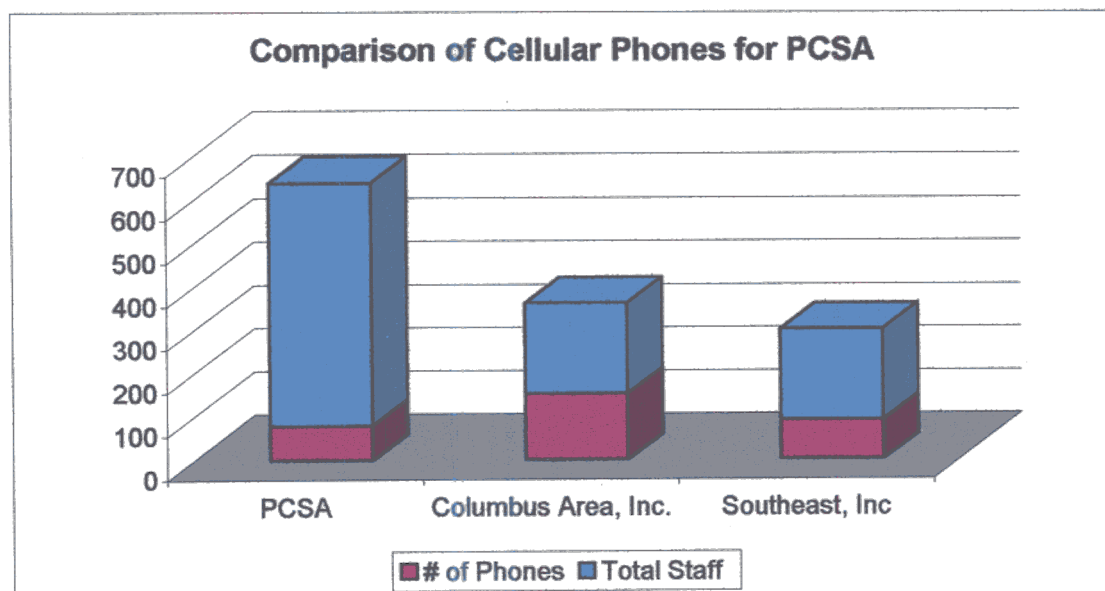
"Reduce the number of cellular telephones to no more than 60 units based on justifiable need. At a minimum, establish firm policy guidance that defines and identifies specific needs for cellular telephone users and requires both supervisors and employees to sign for a cellular telephone."

DMH does not support the level of available units but does support a significant reduction in use. As the Department becomes more centralized (locating Administration to 77P Street, East Campus consolidation, etc.) the need for cellular communication decreases considerably. St. Elizabeths Hospital just completed its consolidation to the East Campus which has decreased the need for communication devices for its operations. In addition, issuance of new guidelines addressing the use and issuance of phones has resulted in a number of devices being turned back in to the Department.

However, the recommendation that the total number of phones exceed no more than 60 is problematic. Due to the nature of service provision, the Department has a number of Community-Based program staff requiring ready access to communication.

DMH questions that number based on the Benchmarks that were used to derive it. The comparison was done against two hospitals in the Washington, D.C. area. The use of hospitals in the area do not provide comparability to DMH because DMH is not a hospital and the highest need for cellular devices is actually associated with community services responsibilities rather than those at the hospital.

A more accurate comparison would be to evaluate the Public Community Service Agency against an organization with similar outpatient service requirements. Two such agencies in Columbus, Ohio were contacted along with the Department of Mental Health in Baltimore, Maryland. Unfortunately, only the two Ohio agencies responded with precise phone usage. The results of the comparison to the Ohio sites is as follows:



The Director of the Baltimore city mental health system (Steven Baron) reported that most community staff that provide 24 a day services are equipped with cellular devices for safety reasons. He does not keep a total number because the system is de-centralized.

The DC Public Community Services Agency has 18 sites and now must meet new service standards requiring that staff provide services outside of the office environment (**See Attachment 1, MHRS Standards**) Rule Number 3410.20 indicates that PCSA staff providing Crisis-Emergency, Community Based Intervention, and Assertive Community Treatment must be available 24 hours a day, seven days per week. The number of ACT, Crisis/Emergency, and CBI staff are as follows:

ACT – 50

CBI – 15

Mobile Crisis (Adult)– 100

Mobile Crisis (Children) – 49

These staff are required to work in locations that are unsafe and need to call for back up from police, Fire and EMS and other psychiatric emergency staff. The allocation policies for devices for staff providing emergency services should be commensurate with policies of a police, fire or EMS department.

St. Elizabeths Hospital operations are located in over 20 buildings. Many of these buildings are undergoing extensive renovation at this point in order to support them being habitable until the new facility is built. At the time of the audit, a number of these sites had no network capacity or connectivity to the DC WAN. While the Information Systems department is moving expeditiously to connect the sites, the major patient facilities, RMB Building and John Howard Pavilion, will not be connected until the fall of 2002.

The Administrative staff of the mental health authority also has unique requirements for community services. Eighteen staff will be in the field daily licensing and certifying agencies to provide services as well as conducting site reviews for claims of abuse, neglect or other health or safety violations. Authority staff are also on call 24 hours a day, seven days a week to respond to emergencies.

“Require all cellular telephone users to re-justify their emergency need for cellular telephones.”

The Department of Mental Health has implemented a policy consistent with this finding.

“Conduct an immediate inventory of all cellular telephones and conduct quarterly inventories as required by regulation.”

The Department of Mental Health has completed an inventory and is now conducting quarterly reviews.

“Perform comparative analysis of current contracted cellular telephone rates and contract for the most economical service, taking into consideration similar services available under GSA contracts.”

The Department of Mental Health is currently operating under the standards promulgated by OCTO regarding contracted vendors for these services. Ongoing review and analysis will be performed to ensure that service programs are commensurate with usage, and that vendor rates are in line with those indicated by the GSA schedule.

“Review all cellular telephone billings for the last 2 years to assess use by employees and take action to collect the costs of personal/non-business calls from employees or take other actions as appropriate.”

This process has begun. Earlier this year as the telecommunications staff obtained the information necessary to develop accurate reports and developed reports. The Telecommunications staff have issued the costs from December, 2001 through April, 2002 to the leadership of the Administrative, Hospital, and Community Service entities. Those leaders reviewed the reports and have taken action as appropriate. The PCSA has collected over \$1000 from employees for calls indicated as being outside the scope of business, and three additional employees have had their privileges taken away due to inappropriate use, and the hospital has reduced the number of required cellular phones by 85%.

In summary, the new Department of Mental Health began moving quickly to establish new policies to govern use and reduce the number of Cellular Telephones issued to employees. The Department has also implemented the majority of the recommendations outlined in the OIG report.

However, in one area, the conclusions drawn in the report with regard to the number of devices that should be issued, the DMH has provided information that we believe provides a more valid analysis of the number of devices the Department needs. These are required so that DMH can safely and appropriately meet the health and safety of its employees and of clients who are experiencing an acute psychiatric or behavioral problem in community settings and on the street. Allocating cellular devices also assures the agency can meet the newer more contemporary federal and local service requirements for community mental health services.

Telecommunications Remediation Plan

Task #	Activity	Responsible Party	Projected Completion Date	Actual Completion Date
1.	Forward the revised policies re: cellular phones and long distance usage to the Policy Support Department	[REDACTED]	5/13	5/13
2.	Policy Support will finalize the policy and forward it to Deputy Director Dearing and Director Knisley for final review and approval	Winford Dearing, Marti Knisley	5/24	5/24
3.	Initial combined inventory for Verizon, Nextel phones completed	[REDACTED]	5/24	5/24
4.	Justification template complete	[REDACTED]	5/24	5/24
5.	Initial spreadsheet complete with initial calling plan and total charges for each cellular telephone from December 2001 through April 2002	[REDACTED]	5/24	5/24
6.	Justification template, revised policy and four month spread of total charges sent out to each user with a requirement to re-justify the need for a cellular phone by Friday, June 14, 2002 and to complete a Personal Custody Property Record if there is no form on record or if the form on record is dated earlier than June 1, 2001	[REDACTED]	5/31/02	5/29
7.	Justifications are received logged in and forwarded to Mr. Dearing for review, approved/disapproval.	[REDACTED]	6/14/02	6/14
8.	Justifications are reviewed and approved/disapproved; if disapproved, the cellular phone is returned to the Telecommunications Division of MISB.	Winford Dearing	6/21/02	
9.	Ongoing monthly posting and reporting of cellular telephone charges by user to the user; summary of all charges within a department highlighting exceptions of \$50 or higher; summary copy to Mr. Dearing	[REDACTED]	2nd Friday of each month 6/14, 7/12, 8/9, 9/13, 10/11, 11/8, 12/13	6/14
10.	Review and analysis to assess aberrations in airtime usage, and to assess impact of SHARE program on cost and minutes used; results and summary forwarded to Mr. Dearing	[REDACTED] [REDACTED] [REDACTED]	Tues. following posting 6/18, 7/16, 8/13, 9/17, 10/15, 11/12, 12/17	
11.	Response back re: legitimacy of airtime usage or amount owed back to DMH	[REDACTED]	Within 3 business days of posting	
12.	Re-justification and re-inventory performed; justifications reviewed and approved/disapproved by Mr. Dearing. If disapproved, cellular phone will immediately be returned to Telecommunications Division of MISB	[REDACTED]	Quarterly; 9/3, 10/1, 11/1, 12/2	